

							•						
Fill	in this information to	identify your ca	ase:										
Del	btor 1	Joy J Walke	r			_							
	btor 2 buse, if filing)												
Uni	ited States Bankrupt	cy Court for the	EASTERN DISTRICT	OF PENNSYLVANI	A								
Cas	se number 20-1	13566-ELF					Ch	eck if this is	:				
(If kr	nown)			-				An amende	ed filing				
								A supplem	ent showin	g postpetition ollowing date:			
<u>O</u>	fficial Form	<u> 1061</u>						MM / DD/ Y	YYYY				
S	chedule I: \	Your Inco	ome								12/15		
atta Pai	ch a separate shee	t to this form.	r spouse is not filing w On the top of any additi										
1.	Fill in your emplo information.	yment		Debtor 1				Debtor 2	2 or non-fi	ling spouse			
	If you have more to		Empleyment status	■ Employed				☐ Empl	☐ Employed				
	attach a separate information about		Employment status	☐ Not employed		☐ Not employed							
	employers.		Occupation	Home Health C	nt								
	Include part-time, self-employed wor		Employer's name										
	Occupation may in or homemaker, if it		Employer's address										
			How long employed t	here?									
Pai	rt 2: Give Det	ails About Mon	thly Income										
spoo If yo	use unless you are s	eparated. spouse have mo	ate you file this form. If one than one employer, countries form.	-			oyers f	or that perso	on on the li	nes below. If			
							For [Debtor 1		btor 2 or ng spouse			
2.		List monthly gross wages, salary, and commissions (be deductions). If not paid monthly, calculate what the monthly			2.	\$		3,072.00	\$	N/A			
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A			
4.	Calculate gross I	ncome. Add lin	e 2 + line 3.		4.	\$	3	,072.00	\$	N/A			

Debt	or 1	Joy J Walker	-	(Case r	number (<i>if k</i>	nown)	20-1	3566-E	LF	
					- 1	Dalita a 4		F	Dalitan	0	
					For	Debtor 1			Debtor -filing s		
	Cop	y line 4 here	4.		\$	3,07	2.00	\$	9	N/A	_
5.	List	all payroll deductions:									
-	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	30	0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$		0.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$		0.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	50	d.	\$		0.00	\$_		N/A	<u></u>
	5e.	Insurance	5e	€.	\$	(0.00	\$		N/A	<u></u>
	5f.	Domestic support obligations	5f		\$	(0.00	\$		N/A	<u>\</u>
	5g.	Union dues	50	g.	\$	(0.00	\$		N/A	_
	5h.	Other deductions. Specify:	_ 5h	า.+	\$		0.00	+ \$_		N/A	<u>\</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	30	0.00	\$		N/A	<u>\</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,77	2.00	\$		N/A	<u>\</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	88	а.	\$	(0.00	\$		N/A	1
	8b.	Interest and dividends	8b	ο.	\$	(0.00	\$		N/A	<u>\</u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			•			•			
	0 4	settlement, and property settlement.	80		\$		0.00	\$_		N/A	_
	8d. 8e.	Unemployment compensation Social Security	8c 8e		\$ _		0.00	\$_ \$		N/A N/A	_
	8f.	Other government assistance that you regularly receive	00	٠.	Ψ	'	0.00	Ψ_		IN/A	<u>\</u>
	0	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	:	\$		0.00	\$		N/A	
	8g.	Pension or retirement income	_ 8g		\$		0.00	\$		N/A	_
	8h.	Other monthly income. Specify:		า.+	\$	(0.00	+ \$		N/A	<u>\</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	,			0.00	\$		N/	Ά
			г	L							
10.		· · · · · · · · · · · · · · · · · · ·	10.	\$_	2	2,772.00	+ \$		N/A	= \$ _	2,772.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					lL			ı	
11.	 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:										
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies									\$	2,772.00
									!	Combi	ined ly income
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?								,
	П	Yes Explain:									

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